CHART Refresher

<u>Intro:</u> Always begin your report w/ an introduction...set the stage Resp for SP. Arrived to find 38 yom sitting on bathroom floor. Pt. in apparent distress.

<u>C- Chief complaint</u> A brief statement of the patient's description of their chief complaint. : *Abdominal pain*.

Quote the patient's actual words "I can't breathe, it feels like someone is sitting on my chest"

<u>H - History</u> This is a 2-part section: 1) history of current illness, and 2) past medical history...including medications, allergies. This is SUBJECTIVE information. In other words, what the patient, family members, bystanders, tell you. Include pertinent negatives.

Onset 6-8 hrs prior to arrival while patient was sleeping. Pt describes pain as severe, sharp, stabbing pain in RUQ. Denies nausea, vomiting. Denies radiation. No change with movement, rest. Rates pain as 8/10. Last meal dinner at 10 hrs pta. Prior hx of appendicitis in 2/88. No meds. No allergies.

<u>A – Assessment</u> This section should contain OBJECTIVE information. In other words, what did you find in your assessment of the patient. *Pt. alert & oriented x 3. Skin pale, cool, clammy. Radial pulse present. Lungs clear bilat. PEARL. Pulse, motor, sensory okay x 4. Pt. doubled over in pain. Pain on palp to RUQ, w/ guarding. No deformity or other DCAP BTLS to abd. Remainder of survey within normal limits. <i>P-106. R-28, shallow. BP-102/76. Pulse ox 100% on room air.*

<u>R – Treatment</u> Include only what treatment you performed. Do not include assessment findings (including vital signs).

O2 at 6 lpm via NC. Assisted pt to cot, position of comfort. Monitor and comfort measures.

T – Transport Record hospital transport information and any changes in patient condition during transport.

Transport to SGAH, rm 3A without change or incident. Report given to RN "Nancy".

FINALLY... If you need help (or think you need help), ask several different people for input. There is no absolute way to do it right. But follow this rule of thumb: it is much better to say too much rather than too little.